

09/720533

ISSUE SLIP STAPLE HERE for additional cross references

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>KA</i>		4 20-01

INDEX OF CLAIMS

- | | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| □ | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ⋮ | Restricted | O | Objected |

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	4/22/63	51		101	
2	6/20/65	52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
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38		88		138	
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42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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